

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	11/12		10-22-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MS	842	11/19/01
RESPONSE FORMALITY REVIEW	M.D.	625	03-11-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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If more than 150 claims or 10 actions
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K11/21
 11-20-01
 851
 07/1/02